



OFFICIAL MEDIA RELEASE

KENT COUNTY SHERIFF DEPARTMENT



Traffic Crash Supplement

Incident # 13-136701 Date: 08/18/2013 Time of Incident: 1750 Township: 19 - Sparta
Type of Incident: Fatal Accident Location: Alpine Ave south of 12 Mile Rd NW
Reporting Officer: J. Saladino Assisting Departments: Sparta Police, Sparta Fire Dept, MSP
Release Completed By: P. Kent

Fire ☐ Ambulance ☐ Helicopter ☐ Other Police Agencies ☐ Utilities etc. ☐

ALCOHOL Contributing Factor?

Y ☐ N ☐ UNK ☒

Vehicles

ALCOHOL Contributing Factor?

Y ☐ N ☒ UNK ☐

Veh: 1 Make: Honda Model: motorcycle Yr: 2004
Driver: David Plumb Age: 52
City: Grant Twp: _____ State: MI
Injuries: Fatal Seatbelt: Y ☐ N ☐ UNK ☐
Direction of Travel: S/B
Hospital: Spectrum/Blodgett Transport By: Medical Examiner

Veh: 2 Make: Chevrolet Model: Impala Yr: 2012
Driver: William Yuncker Age: 70
City: _____ Twp: Cedar Springs State: MI
Injuries: Collapsed lung, broken ribs Seatbelt: Y ☒ N ☐ UNK ☐
Direction of Travel: N/B
Hospital: Spectrum/BW/DT Transport By: Rockford ALS

Relatives Notified ☐ NO Names Can Be Released ☐ NO

Relatives Notified ☐ Names Can Be Released ☐ YES

Passengers

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Passengers

Name: Mary Yuncker Age: 64
City: _____ Twp: Cedar Springs State: MI
Injuries: Bruising, scrapes Seatbelt: ☒
Hospital: Spectrum/BW/DT Transport By: Rockford ALS

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____

Name: _____ Age: _____
City: _____ Twp: _____ State: _____
Injuries: _____ Seatbelt: ☐
Hospital: _____ Transport By: _____